

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-876)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		3				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		2				
17		2				
18		2				
19		1				
20		1				
21		2				
22		1				
23		1				
24		1				
25		3				
26		1				
27		1				
28	1					
29		1				
30	1					
31	1					
32		1				
33		1				
34		1				
35		4				
36	1					
37		1				
38		2				
39		2				
40		2				
41		1				
42	1					
43	1					
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53		2				
54		1				
55		1				
56		1				
57		3				
58		1				
59		1				
60		1				
61		1				
62		1				
63		1				
64		1				
65		1				
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95						
96						
97						
98						
99						
100						
TOTAL IND.	7	↓		↓		↓
TOTAL DEP.	15	↓		↓		↓
TOTAL CLAIMS	22					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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